

## MONTANA BOARD OF PSYCHOLOGISTS

### PSYCHOLOGIST LICENSURE IN MONTANA

**THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.**

APPLICATIONS MUST BE APPROVED BY THE MEMBERS AT A BOARD MEETING. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS TWO MONTHS.

**A.** A psychologist applicant may license in Montana by one of three methods:

**I. Licensure by Examination:** Applicant is not licensed as a psychologist in any state or Canadian province. Applicant has obtained appropriate education, completed required supervised experience, must pass the national written examination and pass an oral exam conducted by the Montana Board.

**II. Licensees from Other States:** Applicant is currently licensed in another state or Canadian province in good standing and obtained that license with qualifications substantially equivalent to or greater than the current Montana license requirements. Applicant has passed the national written exam and must pass an oral exam conducted by the Montana Board.

**III. Licensure by Experience (Senior):** Applicant has been licensed to practice psychology in the United States or a Canadian jurisdiction for at least 20 years if the license required a doctoral degree, has had at least 10 years of clinical experience in the last 15 years prior to filing the application, has not been subject to **any** disciplinary action in the entire period of licensure, and must pass an oral exam conducted by the Montana Board.

### **B. REQUIREMENTS FOR LICENSURE:**

PSYCHOLOGIST LICENSURE BY EXAM: Applicant must:

- 1) be 18 years of age or older;
- 2) be of good moral character;
- 3) have received a doctoral degree in clinical psychology from an accredited college or university having an appropriate graduate program approved by the American Psychological Association (APA); **or** have received a doctoral degree in psychology from an accredited college or university not approved by the APA and have successfully completed a formal graduate retraining program in clinical psychology approved by the APA; **or** have received a doctoral degree in psychology from an accredited college or university and have completed a course of study that meets the minimum standards specified in rules by the Board;
- 4) have completed at the time of application a minimum of 2 years of supervised experience in the practice of psychology. One year of this experience must be postdoctoral but may not include more than 6 months of supervised research, teaching, or a combination of both (See ARM 8.52.606.)
- 5) have passed the written Examination for Professional Practice in Psychology and passed an oral examination conducted by the Board.
- 6) have submitted a complete application no later than 90 days prior to the examination date, accompanied by the appropriate fee and all supporting documents.

PSYCHOLOGIST LICENSEES FROM OTHER STATES: Applicant must:

- 1) have a current license in good standing from a state or Canadian province whose license standards were substantially equivalent to or greater than the current requirements of Montana law (see 1-4 above);
- 2) have passed the written examination for Professional Practice in Psychology and passed an oral examination conducted by the Board;
- 3) have submitted a complete application no later than 90 days prior to the examination date, accompanied by the appropriate fee and all supporting documents.

PSYCHOLOGISTS LICENSED BY EXPERIENCE (SENIOR): Applicant must:

- 1) have been licensed to practice psychology in a United States or Canadian jurisdiction for at least 20 years if the license required a doctoral degree;
- 2) have had at least 10 years of clinical experience in the last 15 years prior to filling the application documented on Board's form;
- 3) have not been subject to any disciplinary action during the entire period of licensure;
- 4) have passed an oral examination conducted by the Montana Board;
- 5) have submitted a complete application no later than 90 days prior to the examination date, accompanied by the appropriate fee and all supporting documents.

**C. GENERAL INFORMATION:**

**6 copies (plus original) of the completed application and all supporting documents submitted by you are due in this office by the deadline date. SEE EXAM INFORMATION ON THE WEBPAGE FOR CURRENT DEADLINE AND EXAMINATION DATES. - Also due by this deadline date are the 5 reference forms which this office requests by mail upon receipt of your application.**

Upon notification by the Board of application approval, candidates must submit the appropriate non-refundable oral exam fee of \$100.

**D. SUPPORTING DOCUMENTS FOR PSYCHOLOGIST EXAMINATION CANDIDATES AND PSYCHOLOGIST LICENSEES FROM OTHER STATES:**

- 1) Application fee of \$175 (non-refundable) made payable to the Board of Psychologists.
- 2) Certified transcripts of all graduate work sent directly from the school to the Board office.
- 3) Three written examples of work done within the last 2 years. At least 2 work samples must be reports of psychological evaluations. The evaluations must demonstrate competence in history taking, administration and interpretation of formal tests of intelligence and administration and interpretation of objective and projective tests of personality. Tests utilized must include, but are not limited to, those widely recognized and respected in the practice of psychology. Work samples must also demonstrate competence in formulating appropriate diagnoses and recommendations. Questions regarding work samples will be included in the oral exam and candidates may be requested to present the raw data upon which their work samples were based.
- 4) Five reference forms (you supply names and addresses on the application) will be sent directly from & must be returned directly to this office.
- 5) Candidates must contact other states/provinces of licensure (past & current) and request letters of verification of license status. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**
- 6) Documentation of 2 years of supervision, one year postdoctoral, **completed at the time of application.**
- 7) If your degree is not from an APA-approved **clinical** psychology program, catalog descriptions of your program and courses from the official college catalog(s) at the time you were enrolled. In addition, the "Educational Record in Psychology Form" must be submitted as part of your application. It is located after the application (FORM 2) on the website.

- 8) Exam candidates who obtained the postdoctoral year of supervision in Montana shall submit supervision logs (and copies) at the time of application.
- 9) Candidates for licensure from other states must have their written national exam scores reported directly to Montana from the Association of State and Provincial Psychology Boards at [www.asppb.org](http://www.asppb.org) or 1-334-832-4580.

**E. SUPPORTING DOCUMENTS FOR LICENSURE BY EXPERIENCE (SENIOR)**

- 1) Documentation described in #1 through #5 above.
- 2) Documentation of at least 10 years of clinical experience in the last 15 years prior to filing the application. This verification shall be on a form prescribed by the Board and shall consist of an employer's statement; or verification by two licensed psychologists; or a combination of both. Contact the Board office for a copy of this form.

Send applications to:

MONTANA BOARD OF PSYCHOLOGISTS  
CHERYL BRANDT, PROGRAM MANAGER  
301 SOUTH PARK 4<sup>TH</sup> FLOOR  
PO BOX 200513  
HELENA MONTANA 59620-0513  
406-841-2394  
E-mail [dlibspsy@state.mt.us](mailto:dlibspsy@state.mt.us)

## MONTANA BOARD OF PSYCHOLOGISTS

301 S Park, 4<sup>th</sup> Floor

PO Box 200513

Helena, Montana 59620-0513

PHONE (406) 841-2394 FAX (406) 841-2305 E-MAIL: [dlibspsy@state.mt.us](mailto:dlibspsy@state.mt.us)

### Application for Licensure as:

- ☐ Psychologist  
☐ Psychologist by Experience (Senior)

### Application By:

- ☐ Examination  
☐ License from Another State

1. FULL NAME \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS \_\_\_\_\_

6. TELEPHONE \_\_\_\_ (\_\_\_\_) \_\_\_\_ (\_\_\_\_) \_\_\_\_ (\_\_\_\_)  
Business Home Fax

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

10. ABPP CERTIFICATION: ☐ Yes ☐ No

Date(s) Received \_\_\_\_\_ Diploma Number \_\_\_\_\_

Specialty \_\_\_\_\_

### 11. Current Memberships in Professional, Scientific, and Honorary Organizations

Organization	Date Joined	Level of Membership	Offices Held

12. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first)

Degree	Date Received	Institution	Major	Minor(s)

13. Master's Thesis:

Date:
Title:
Institution:
Name of principal director:
Director's department:
Current address:

14. Doctoral Dissertation

Date:
Title:
Institution:
Name of principal director:
Director's department:
Current address:

**IF APPLICANT IS APPLYING AS A PSYCHOLOGIST BY EXPERIENCE (SENIOR) DO NOT COMPLETE ITEMS 15-22.**

15. Please give APA approval date of your program: \_\_\_\_\_

16. Please give name and address of regional accrediting association and date that your program was regionally accredited.

Name of accrediting association:
Address:
Date Accredited:

17. Pre-doctoral Supervised Experience

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

18. Postdoctoral Supervised Experience

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

Duties:
Name of principal supervisor and department:
Institution
Current Address
Dates: From To
Actual Total Hours:

19. Postgraduate Workshops and Seminars Attended

Sponsor(s)	Dates	Hours Spent	Title: Topics Covered

20. Important Papers Presented at Professional Meetings

Date	Organization	Title of Paper

21. Publications. Follow APA bibliographic style. List publications:


22. Important Research Projects. Summarize your involvement in important research projects participated in subsequent to obtaining your master's degree.


23. Professional Experience as a Psychologist. List all experience of professional consequence other than listed in 17 and 18, including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back. Attach additional sheet if necessary.

Date:	From	To
Organization:		
Exact Title:		
Hours per week:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization:		
Exact Title:		
Hours per week:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization:		
Exact Title:		
Hours per week:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, title and present address of immediate supervisor:		
Description of work:		



24. Professional References of Professional Work. At least three of the references should be licensed psychologists and at least three should be members of APA - minimum of five. No member of the Board of Psychologists may be used as a reference or be a supervisor.

Name	Title	Present Address

25. Areas of Competence. Be specific regarding populations, issues, and ages. Example: children, family therapy, eating disorders, native american, personality assessment, etc.

Areas of Competence	Areas Which You Would Refer

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplementary Sheet.

26. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
27. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
28. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice psychology? If yes, attach a detailed explanation ☐ Yes ☐ No
29. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No
30. Have you been found using any prescription drugs, alcoholic beverages, or illegal chemical substances with in the last three years to an extent that such use has impaired your ability to perform the work of a professional psychologist with safety to the public? ☐ Yes ☐ No
31. Have you been treated for the use or misuse of any prescription drug, alcoholic beverage or illegal chemical substance within the last three years? ☐ Yes ☐ No
32. Have you been hospitalized or a patient in a mental or other institution of confinement or have you been treated for a mental or behavioral condition within the last three years? ☐ Yes ☐ No
33. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐ Yes ☐ No
34. Have you ever been denied the right to sit the psychology licensing examination in any state? If yes, give details. ☐ Yes ☐ No

35. Have you ever sat for the psychology exam in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

36. List any and all states and Canadian provinces in which you have ever been licensed (certified).

State/Canadian Provinces	License Number	Date Issued	Is the license Current	Specialty

37. Do you have any physical impairments requiring special accommodations in taking the examination. Please include a statement of your needs with this application. ☐ Yes ☐ No

38. Have you ever had a license (certificate) denied, revoked, or suspended? If yes, give details. ☐ Yes ☐ No

39. Has your license (certificate) ever been forfeited or surrendered? If yes, give details. ☐ Yes ☐ No

A certificate of identity by a notary public who knows the applicant must appear on the reverse side of this recent photograph.

AFFIX A RECENT PHOTOGRAPH  
(PLEASE TAPE TOP OF THE  
PHOTOGRAPH ONLY)

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Psychologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant \_\_\_\_\_ Dated \_\_\_\_\_

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
City/State

My commission expires \_\_\_\_\_, \_\_\_\_\_.

**APPLICANTS WHO DO NOT HAVE A DOCTORAL DEGREE IN CLINICAL PSYCHOLOGY  
 MUST COMPLETE THIS FORM**

Name/date: \_\_\_\_\_

**Montana State Board of Psychologists  
 EDUCATIONAL RECORD IN PSYCHOLOGY**  
 (Must Be Graduate Hours)

A) **Universities and Credits:** (Please indicate Semester (S) or Quarter (Q) credits)

Name of University	Total # of Graduate Credits	Name of University	Total # of Graduate Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B) **Basic Areas of Psychology:** (Indicate with (S) or (Q) if credits are Semester or Quarter respectively)

AREA	Title of Course(s)	University	No. of Credits	Course Number & S/Q Taken
1) Professional ethics and standards	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2) Research design and methodology	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
3) Statistics and psychometrics	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
4) Substantive content areas. For examples of courses included in each area see ARM 8.52.605A(1)(i). (Need a minimum of 3 or more graduate semester hours or five or more graduate quarter hours to demonstrate competence.)				
a) Biological bases of behavior	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

b) Cognitive-Affective bases of behavior \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) Social bases of behavior \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Individual differences \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e) In addition the person's training program must include: (see ARM 8.52.605A(1)(i) for details)

AREA	Title of Course(s)	University	No. of Credits	Course Number & S/Q Taken
1) Psychodiagnosis	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2) Psychological assessment	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
3) Intervention	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Did the curriculum encompass a minimum of 3 academic years of full time graduate study? • Yes • No

Are 45 quarter hours or 30 semester hours of your course work clearly designated on the University transcript as graduate level psychology courses, exclusive of practicum and dissertation or transfer credits? • Yes • No

Did you complete 2 semesters (or 3 quarters) in a practicum setting? • Yes • No